

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE**

**COSMETOLOGY/BARBER SCHOOL,
ELECTROLOGY SCHOOL,
ESTHETICS SCHOOL or
NAILS TECHNOLOGY SCHOOL**

DOPL-AP-024 REV 07/19/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Supporting documents and Fees:

1. If you are applying for licensure as a cosmetology/barber school:

- ☐ Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
- ☐ Submit a copy of the business license from the city, town, or county in which the school is located.
- ☐ Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.

- ❑ Submit documentation that the curriculum for the school meets the requirements of R15611a-804.
- ❑ Submit evidence that the school is registered with the Utah Board of Regents.
- ❑ Submit the \$100.00 non-refundable application processing fee for a cosmetology/barber school license.

2. If you are applying for licensure as an **Electrology School**:

- ❑ Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
- ❑ Submit a copy of the business license from the city, town or county in which the school is located.
- ❑ Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
- ❑ Submit documentation that the curriculum of the school meets the requirements of R156-11a-801.
- ❑ Submit evidence that the school is registered with the Utah Board of Regents.
- ❑ Submit the \$100.00 non-refundable application processing fee for an electrology, school license.

3. If you are applying for licensure as an **Esthetics School**:

NOTE: To teach esthetics, an instructor must have a cosmetology/barber or esthetician instructor license and must be able to document a minimum of 1,000 hours of experience in esthetics.

- ❑ Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
- ❑ Submit a copy of the business license from the city, town, or county in which the school is located.
- ❑ Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.

- ❑ Submit documentation that the curriculum of the school meets the requirements of R156-11a-802.
- ❑ Submit evidence that the school is registered with the Utah Board of Regents.
- ❑ Submit the \$100.00 non-refundable application processing fee for an esthetics school license.

4. If you are applying for licensure as a Nails Technology School:

- ❑ Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
- ❑ Submit a copy of the business license from the city, town or county in which the school is located.
- ❑ Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
- ❑ Submit documentation that the curriculum of the school meets the requirements of R156-11a-803.
- ❑ Submit evidence that the school is registered with the Utah Board of Regents.
- ❑ Submit the \$100.00 non-refundable application processing fee for a nails technology school license.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to cosmetologist/barber, esthetics, electrology, and nails technology licensing.

The following applicable laws and rules are available on the Internet at <http://www.dopl.utah.gov>

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act
- ❑ Cosmetologist/Barber Licensing Act Rules

2. A change of ownership, location, or business organization requires a new application and fees. Changes in ownership, caused by a change in the stockholders in the corporation which are publicly listed and whose stock is publicly traded, are exempt.
3. **License Renewal:** All licenses expire September 30th of each odd-numbered year.
4. Temporary licenses are not issued.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st floor
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-62628

Utah Toll-free: (866) ASK-DOPL
(866) 275-3675

Fax Number:

(801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license. If the applicant for licensure is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Cosmetology/Barber, Esthetics, Electrology, or Nails Technology School.

License/Certificate/Registration Applying For: _____

Business Legal Name: _____

PUBLIC MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: (____) _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Full Name and Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Telephone Number: _____

BUSINESS ENTITY TYPE:

____ C Corporation ____ S Corporation

Utah Corporation Number: _____

Date of Incorporation: ____/____/____

____ General Partnership ____ Limited Partnership

Date of Partnership Agreement: _____

____ Sole Proprietorship

____ Limited Liability Company

Number: _____ Date Filed: _____

____ Other Type of Business: _____

SCHOOL INSTRUCTORS (Use additional sheets if necessary):

1. Full Name: _____

Mailing Address: _____

Telephone: _____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License

Number:_____

Instructor Certificate Number:_____

Master Esthetician License Number: _____

2. Full Name:_____

Mailing Address:_____

Telephone:_____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License
Number:_____

Instructor Certificate Number:_____

Master Esthetician License Number: _____

3. Full Name:_____

Mailing Address:_____

Telephone:_____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License
Number:_____

Instructor Certificate Number:_____

Master Esthetician License Number: _____

4. Full Name:_____

Mailing Address:_____

Telephone:_____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License
Number:_____

Instructor Certificate Number:_____

Master Esthetician License Number: _____

5. Full Name: _____

Mailing Address: _____

Telephone: _____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License Number: _____

Instructor Certificate Number: _____

Master Esthetician License Number: _____

6. Full Name: _____

Mailing Address: _____

Telephone: _____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License Number: _____

Instructor Certificate Number: _____

Master Esthetician License Number: _____

7. Full Name: _____

Mailing Address: _____

Telephone: _____

Cosmetology/Barber, Esthetician, Electrology, Master Esthetician, or Nails Technician License Number: _____

Instructor Certificate Number: _____

Master Esthetician License Number: _____

ADDITIONAL QUALIFYING INFORMATION:

1. Name of the accrediting commission by which you intend to become accredited:

2. Date you anticipate applying for candidate status for accreditation: (You must have received candidate status within nine (9) months of being licensed as a school in the state.)

3. Date you anticipate becoming accredited: (You must receive accreditation within 24 months of applying for candidate status.) _____
4. List the total square feet of the floor space occupied by the school: _____
5. Number of work stations: _____
Number of reclining chairs: _____
Number of student lockers: _____
6. List the square feet of floor space of the student break room: _____
7. List the square feet of floor space of the clinic: _____
8. List the square feet of floor space of the classroom: _____
9. Is a sign posted in a conspicuous place that states:
"All services in this school are performed by students in training"? _____ yes _____ no

COSMETOLOGY/BARBER, ESTHETICS, ELECTROLOGY, and NAILS TECHNICIAN SCHOOL QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. ___ Have you ever applied for or received a license, certificate, permit, or registration to practice in a profession or occupation under any name other than the name listed on this application?
2. ___ Have all officers, directors, partners, proprietors, managers and instructors associated with or employed by the applicant read, and does each understand the Utah Cosmetologist/Barber Licensing Act and the rules?
3. ___ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant, ever had any license denied, conditioned, curtailed, limited, restricted, suspended, or revoked by federal, state, or local government?
4. ___ Is any disciplinary action pending against any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant by any licensing agency?
5. ___ Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently using or have they recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
6. ___ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which they have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which they have not otherwise been successfully rehabilitated?
7. ___ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
8. ___ Has any school you have ever been associated with been denied accreditation or has the accreditation ever been suspended or revoked?

If the answer to any of the above questions is “YES,” please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:

Date of Signature:_____

Printed Name of Applicant:_____